

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 190
Registered No. 486

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

or Village

P. O. Box 835 Miami,

City

Miami

No.

715 Church Hill

St.,

Ward

2. Full name of child

Frank Paredes

3. Sex of Child

To be answered ONLY
in event of plural
births.male

4. Twin, triplet or other

6. Legitimate?

7. Date

5. No., in order of birth

yes

of birth

Month

Day

Year

June 20-1930

8.

FATHER

Full name

Martin Gomez Paredes

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex11. Age at last birthday 34 (Years)

12. Birthplace (city or place)

Sonora

(State or country)

Mex

13. Occupation

Nature of Industry

Sales man

14.

MOTHER

Full maiden name

Candida Rivera

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex17. Age at last birthday 34 (Years)

18. Birthplace (city or place)

Georgetown

(State or country)

New Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)4

(a) Born alive and now living

3

(b) Born alive but now dead

1

(c) Stillborn

021. Were precautions taken against oph-
thalmia neonatorum?Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I her by certify that I attended the birth of this child, who was

born aliveat 9:20 P. m. on the date above stated.

(Born alive or stillborn)

Signature

Cyril M. Brown M.D.

(Physician or midwife)

Given name added from
a supplemental report.

Month, day, year

Address

Miami, Arizona

Registrar.

Filed June 25, 1930

Registrar.

672-620-391

each in order of birth stated.